



MISSOURI ETHICS COMMISSION
**FINANCIAL DISCLOSURE STATEMENT
FOR POLITICAL SUBDIVISIONS**

(800) 392-8660

www.mec.mo.gov

FOR OFFICE USE ONLY

1. TIME PERIOD COVERED BY THIS STATEMENT (COMPLETE A OR B)

A. APPOINTED/EMPLOYED OR ELECTED (Enter previous calendar year. If no longer serving, enter dates served.)
____ / ____ / ____
TO ____ / ____ / ____

B. CANDIDATE FOR OFFICE (EXAMPLE: If closing date of candidacy is Jan. 20th, the time period covered is 1/20/09 - 1/20/10.)
____ / ____ / ____
TO ____ / ____ / ____

2. STATEMENT TYPE (SELECT ONE)

☐ NEW
☐ AMENDED

Deadline for Filing a Personal Financial Disclosure Statement

Newly Appointed/Employed: Within 30 days of your appointment/employment.

All Others: May 1st of current year

Candidate: By the 14th day from the closing date of candidacy filing.

3. FILER'S NAME (FIRST, MIDDLE, LAST)

4. DEPENDENT CHILDREN NAME(S)

5. MAILING ADDRESS, CITY, STATE, ZIP+4

6. SPOUSE'S NAME (FIRST, MIDDLE, LAST)

7. POLITICAL SUBDIVISION OR STATE AGENCY

8. TITLE (POSITION/OFFICE SEEKING)

9. List transactions you, your spouse, dependent children or parents had with the political subdivision listed in item 7 valued at more than \$500. Do not include compensation received as an employee, payment of taxes, fees or penalties, or transfers for no consideration.

DATE

PARTIES INVOLVED IN THE TRANSACTION

10. List transactions which any business entity in which you, your spouse or dependent children, hold a substantial interest (ownership of 10% of the business entity, or interest valued at \$10,000 or more, or from which a salary, gratuity or other compensation of \$5,000 or more is paid per calendar year) had with the political subdivision listed in item 7 valued at more than \$500. Do not include payment of taxes, fee or penalties due to the political subdivision or transactions involving payment for providing utility service to the political subdivision, or transfers for no consideration.

DATE

NAME OF BUSINESS

PARTIES INVOLVED IN THE TRANSACTION

Complete and Sign this Section (Select Only One)

- ☐ Under penalties of perjury, I certify that I have disclosed all interest concerning the required financial information.
- ☐ Under penalties of perjury, I certify that I have disclosed all my interest concerning the required financial information and further certify that my spouse has refused or failed to provide information concerning his or her financial interest and that I have no knowledge of such interests.

SIGNATURE (REQUIRED)

DATE SIGNED

NOTE: The following information is **required** from the chief administrative officer and chief purchasing officer **only**. Information given pertains to filer, spouse and dependent children.

11. EMPLOYMENT: List the name and address of each employer from whom you, your spouse, or dependent children received income of \$1,000 or more during the period covered by this statement.

EMPLOYER NAME	EMPLOYER ADDRESS/CITY/STATE/ZIP	PERSON'S NAME WHO RECEIVED INCOME

12. SOLE PROPRIETORSHIPS: List each sole proprietorship owned by you, your spouse, or dependent children.

SOLE PROPRIETORSHIP NAME	SOLE PROPRIETORSHIP ADDRESS/CITY/STATE/ZIP

13. GENERAL PARTNERSHIPS, JOINT VENTURES: List each general partnership and joint venture in which you, your spouse, or dependent children are a partner or participant, and the names of partners or coparticipants unless such names and addresses are filed with the Secretary of State.

GENERAL PARTNERSHIP OR JOINT VENTURE NAME	PARTNERSHIP OR JT VENTURE ADDRESS/CITY/STATE/ZIP	GENERAL NATURE OF BUSINESS	PARTNERS OR COPARTICIPANTS NAME AND ADDRESS	PARTY INVOLVED IN TRANSACTION

14. LIMITED PARTNERSHIPS, CLOSELY-HELD CORPORATIONS: List the name of any closely-held corporation/limited partnership in which you, your spouse, or dependent children own ten percent (10%) or more of any class of the outstanding stock or units.

NAME OF LIMITED PARTNERSHIP OR CLOSELY-HELD CORPORATION	LIMITED PARTNERSHIP/CORP ADDRESS/CITY/STATE/ZIP CODE	GENERAL NATURE OF BUSINESS	PARTY INVOLVED IN TRANSACTION

15. PUBLICLY TRADED CORPORATION OR LIMITED PARTNERSHIP: List the name of any publicly traded corporation or limited partnership which is listed on a regulated stock exchange or automated quotation system in which you, your spouse, or dependent children own two percent (2%) or more of any class of outstanding stock, units or other equity interests.

CORPORATION/LIMITED PARTNERSHIP NAME	PARTY IN TRANSACTION

16. CORPORATIONS: List the name and address of each corporation for which you, your spouse, or dependent children served in the capacity of a director, officer or receiver.

CORPORATION NAME	CORPORATION ADDRESS/CITY/STATE/ZIP	PERSON'S NAME WHO SERVED IN THIS CAPACITY

This form is required to be filed with Missouri Ethics Commission **and** with the governing body of your political subdivision. All elected and appointed officials as well as employees of a political subdivision must comply with section 105.454 RSMo on conflicts of interest and their own local code of ethics.

Missouri Ethics Commission, P.O. Box 1370, Jefferson City, MO 65102-1370